

ATTENTION LICENSED DEBT ADJUSTERS

ANNUAL LICENSEE REPORT FOR 2014

Pursuant to Title 8, Vermont Statutes Annotated, Section 2757a, all debt adjuster licensees must prepare and submit under oath, no later than **APRIL 1, 2015**, one copy of the enclosed forms. This report is required whether or not any activity took place during 2014, if none, so state. This report is also required even though you have surrendered or not renewed your license for 2015.

Care should be taken in completing the report. Licensees completing Part II – Activity should ensure the number of debtor client accounts and balance of clients' trust account at the start of the calendar year, reported on lines 4(a) and 5(a) of this report, are the same as stated on lines 3(e) and 4(e), respectively, of the licensee's Annual Report of Licensee for Year Ending December 31, 2013.

If you have any questions or encounter any problems in complying with the above report, please contact this Department at (802) 828-3307 prior to April 1, 2015.

WARNING

Failure to file a complete annual report by April 1, 2015 may result in the suspension or revocation of your license, the imposition of an administrative penalty, or other regulatory action.

Vermont Department of Financial Regulation
Banking Division
89 Main Street
Montpelier, VT 05620-3101
(802) 828-3307 (voice) / (802) 828-1477 (fax)
Website: <http://www.dfr.vermont.gov>

STATE OF VERMONT
DEPARTMENT OF FINANCIAL REGULATION
89 Main Street
Montpelier, VT 05620-3101
(802) 828-3301

ANNUAL DEBT ADJUSTER REPORT
AS OF DECEMBER 31, 2014

Vermont Statutes Annotated, Title 8, Chapter 83, Section 2757a

INSTRUCTIONS: This report must be filed by each Vermont Debt Adjuster licensee on or before **April 1, 2015**. Failure to do so could result in the suspension of the licensee's license and the imposition of a \$100.00 per day fine, as provided by 8 V.S.A. § 2757a(b). Where insufficient space is provided to set forth the facts adequately, annex schedules giving the details.

PART I – LICENSEE INFORMATION

1. EXACT LEGAL NAME OF LICENSEE:			LICENSE NO:
2. FICTITIOUS OR TRADE NAME USED (if applicable):			
3. PRINCIPAL PLACE OF BUSINESS (Number and Street):			
City:	State:	Zip Code:	
4. MAILING ADDRESS, if different from above:			
City:	State:	Zip Code:	
5. TELEPHONE NUMBER: () -	6. FACSIMILE NUMBER: () -	7. WEB SITE ADDRESS:	
6. NAME OF INDIVIDUAL RESPONSIBLE FOR COMPLETING THE REPORT:			
TELEPHONE: () - Ext	FAX NO.: () -	EMAIL:	

REMINDER

Beginning in 2013, all Vermont licensed Debt Adjusters transitioned to NMLS, a nationwide licensing system. Each licensee is responsible for ensuring that the information filed in NMLS is current and complete. A Branch (MU3) filing must be maintained for all locations, other than the corporate address, that engage in debt adjustment activity. A financial statement must be filed in NMLS within 90 days of the end of the licensee's fiscal year. Additional information and instructions are available on the NMLS Resource Center at <http://nationwidelicensingsystem.org/>

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PART II - ACTIVITY

1. Provide a list of any material litigation in which the licensee has been involved since the last annual report filed with the Department.

☐ Check here if no litigation.

2. The name and address of the federally insured financial institution through which a separate account is maintained for the benefit of the debtors.

Name:

Address:

3. Provide a list of all states that examined the licensee in 2014.

☐ Check here if no examinations.

4. Number of VERMONT debtor client accounts:

a. As of January 1, 2014

b. New contracts added during 2014

c. Completed during 2014

d. Closed or terminated during 2014

e. As of December 31, 2014

(+)

(-)

(-)

5. VERMONT client's trust account dollar value:

a. As of January 1, 2014

b. Gross additions during 2014

c. Gross creditor payments during 2014

d. Client fees deducted during the year

e. As of December 31, 2014

\$

(+)

(-)

(-)

\$

6. Debt adjustment service donations and fees received from creditors during 2014

\$

CERTIFICATION

The undersigned, being duly sworn, states that he/she has executed the foregoing annual report under Title 8, Chapter 83 of Vermont Statutes Annotated; that he/she has been duly authorized to execute and file such report; and that to the best of his/her knowledge, information, and belief, the report and accompanying materials contain no misstatement of fact and do not omit a called for material fact.

Licensee Name (Type or Print)

Date (mo./day/yr.)

Signature

Name (Type or Print)

(Licensee Seal)

Title

State of _____)

County of _____)

On the ___ day of _____ in the year ____, before me personally appeared _____ to me known, who being sworn according to law, did depose and say he/she has read, signed, knows the contents of the foregoing application including attached addenda, and that the statements contained in the application and attached addenda are true and complete.

(Notary Public)

Commission Expires _____